

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE  
UP3  
2008 JUL 16 AM 9:43

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Citizens For Richards

IMPORTANT: Indicate by # type of committee you are reporting for: 1

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Stephen D. Richards

Political Party (if applicable)

Republican

Office Sought

Iowa House District 8

District (if Senate or House)

House District #8

FORM

**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1728

8 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Stephen D. Neudig, Treas.  
SIGNATURE OF PERSON FILING REPORT

515-295-7275  
TELEPHONE

7/15/08  
DATE SIGNED

I AM FILING A May 15 - July 14, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 17,351.97

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

5455.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 22,806.97

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

7868.82

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 14,938.15

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

0

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

100.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Citizens For Richards*

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
6/6/08	ID# CK#	Sue B. Mullins 1607 250th Ave. Corwith, IA 50430-8530		\$ 3500	<input type="checkbox"/>
6/6/08	ID# CK#	Robert A. Lee 9116 Hammontree Dr. Urbandale, IA 50322-7427		50.00	<input type="checkbox"/>
6/6/08	ID# CK#	Robert S. Shires 611 Polk Blvd. Des Moines, IA 50312-2332		50.00	<input type="checkbox"/>
6/6/08	ID# CK#	Mariamamma Mukkada 41 Woodshire Dr. Ottumwa, IA 52501		50.00	<input type="checkbox"/>
6/6/08	ID# CK#	Loran F. Parker 686 - 63rd St. Des Moines, IA 50312-1006		100.00	<input type="checkbox"/>
6/6/08	ID# CK#	Martha A. Ryan 1929 North Shore Drive Clear Lake, IA 50428		100.00	<input type="checkbox"/>
6/6/08	ID# CK#	Dennis J. Walter 435 NW 60th Ave. Des Moines, IA 50313		100.00	<input type="checkbox"/>
6/6/08	ID# CK#	M. A. Barnhill 2075 S. 7th Drive West Des Moines, IA 50265		100.00	<input type="checkbox"/>
6/6/08	ID# CK#	Kelly D. Ross 3738 River Rd. Osage, IA 50461-8003		100.00	<input type="checkbox"/>
6/6/08	ID# CK#	Judith Thoreson 5515 Lakeshore Dr. Okobaki, IA 51355		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 785.00	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 5  
(for Schedule A)

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens For Richards

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6/6/08	ID# CK#	Cheryl M. Van Oort 821 S.E. Richland Circle Ankeny, IA. 50021		\$ 150.00	<input type="checkbox"/>
6/6/08	ID# CK#	Donald L. Skinner 307 S. Rainbow Rd. Lake City, IA. 51449		250.00	<input type="checkbox"/>
6/6/08	ID# CK#	James H. Bartlett 7 Lincoln Place Dr. Des Moines, IA. 50312-4501		250.00	<input type="checkbox"/>
6/6/08	ID# CK#	Douglas Kasch 813 N. Country Club Rd. Algona, IA. 50511-7265		100.00	<input type="checkbox"/>
6/6/08	ID# CK#	Robert L. Borgman 1811 N. 8th St. Clear Lake, IA. 50428		50.00	<input type="checkbox"/>
6/6/08	ID# CK#	Corrine M. Ganske 5206 Waterbury Rd. Des Moines, IA. 50312		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	Humboldt Co. Republican Central Comm. PO Box 444 Humboldt, IA. 50548-0444		50.00	<input type="checkbox"/>
6/20/08	ID# CK#	Siroos S. Shirazi 234 Lexington Ave. Iowa City, IA. 52246		50.00	<input type="checkbox"/>
6/24/08	ID# CK#	Samuel David Porter 8 Boulder Road Mason City, IA. 50401		50.00	<input type="checkbox"/>
6/20/08	ID# CK#	Mark James Tyler 7 High Ridge Ct. SE Cedar Rapids, IA. 52403		50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1100.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens For Richards

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6/20/08	ID# CK#	Patricia M. Hoffmann 909 48th Street West Des Moines, IA. 50265		\$ 100.00	<input type="checkbox"/>
6/20/08	ID# CK#	Kathleen Mixdorf 921 N. Shore Dr. Clear Lake, IA. 50428		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	R. Bruce Trimble 1038 Fair Meadow Dr. Mason City, IA. 50401		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	Jon D. Gibson 35431 SW Maffitt Lake Road Cumming, IA. 50061		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	Bryan P. Pechous 805 Thornwood Dr. Dubuque, IA. 52003-9110		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	Kevin J. Cunningham 620 Country Club Blvd. Des Moines, IA. 50312		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	Frank J. Zlatnik 1531 Phoenix Dr. Iowa City, IA. 52246-8661		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	Nicole C. Carroll 2226 Ashwood Dr. Carroll, IA. 51401		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	Raymond L. Emerson 611 E St. Andrews Circle Dakota Dunes, SD. 57049		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	Jeanne K. Caropreso 1813 Grand Ave. Keokuk, IA. 52632		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1000.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

*Citizens For Richards*

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6/20/08	ID# CK#	Adel F. Makar 1000 Briarstone Drive Mason City, IA 50401		\$ 100.00	<input type="checkbox"/>
6/20/08	ID# CK#	John W. Olds 207 31st St. Des Moines, IA 50312-4313		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	Michael J. Richards 5465 Mills Civic Parkway, Suite 400 West Des Moines, IA 50266		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	Linda J. Miller 6766 Ridges Court Bettendorf, IA 52722		100.00	<input type="checkbox"/>
6/20/08	ID# CK#	John N. Redwine 4260 Tahoe Circle Dr. Springdale, AR 72762-7402		250.00	<input type="checkbox"/>
6/20/08	ID# CK#	Deann Thoreson 2808 Bos Landen Dr. Unit 1 Pella, IA 50219		250.00	<input type="checkbox"/>
6/20/08	ID# CK#	John C. Tabour 10571 Greenbelt Dr. Clive, IA 50325		250.00	<input type="checkbox"/>
6/20/08	ID# CK#	Vishram Jalukar 135 Jamestown Rd. Mason City, IA 50401		300.00	<input type="checkbox"/>
7/9/08	ID# CK#	Russell Naeve 1075 220th St. Gilmore City, IA 50541		50.00	<input type="checkbox"/>
7/9/08	ID# CK#	J.D. Thoreson 5 Arrowood Mason City, IA 50401		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1600.00

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens For Richards

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
7/9/08	ID# CK#	Joan Olson 2001 Nicole Road Ft. Dodge, IA 50501		\$ 100.00	<input type="checkbox"/>
7/9/08	ID# CK#	Lelia B. Helms 1850 Flanagan Court Iowa City, IA 52246		250.00	<input type="checkbox"/>
7/9/08	ID# CK#	David Cardyle 2309 Buchanan Dr. Ames, IA 50010-4370		500.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#	"Unitemized Contributions for the Period"		120.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 970.00

TOTAL (if last page of this schedule)

\$ 5455.00

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Page 5 of 5  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

*Citizens For Richards*

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/30/08	ID# CK#	Iowa Medical Society 1001 Grand Avenue West, Des Moines IA 50265	Reimbursement for Reception	\$ 87.63
5/30/08	ID# CK#	Victory Enterprises 5200 S.W. 30th St, Ste. 7 Davenport, IA 52802	Issue Surveys to be mailed	4075.00
6/20/08	ID# CK#	Victory Enterprises 5200 S.W. 30th St, Ste. 7 Davenport, IA 52802	Banners, Name Badges, Shirts, Notepads, Candy	2586.19
7/9/08	ID# CK#	Victory Enterprises 5200 S.W. 30th St, Ste. 7 Davenport, IA 52802	Brochures - 5,000	1120.00
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 7868.82
TOTAL (if last page of this schedule)				\$ 7868.82

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Citizens For Richards

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF  
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/13/08	Republican Party of Iowa 621 East 9th Des Moines, IA 50309		Logo Design	\$ 100.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

100.00

TOTAL (if last  
page of this  
schedule)

\$

100.00

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Page 1 of 1  
(for Schedule E)